									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD . Effective October 1, 2003									10 7	7-5	97	75	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SM TYI		ENTITY	OR		R THAN ENTITY	
T	OTAL CLAIMS	17	- -		`		F	RATE	FEE	٦	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC.FE	385.00	OR	BASIC FEE	 	
TC	TAL CHARGE	ABLE CLAIMS	/ 7 minus 20=				\	(\$ 9=		OR	X\$18=	<u> </u>	
INE	DEPENDENT C	LAIMS	3 minus 3 =		•		 	<43=	 /	1	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								1 4 5		OR	<u> </u>		
* If the difference in column 1 is less than zero, enter "0" in column 2							<u> </u>	145= OTAL	(25)	OR	+290=		
CLAIMS AS AMENDED - PART II								JIAL	(70)	OR	TOTAL	THAN	
	(Column 1) (Column 2) (Column 3)							MALL	ENTITY	OR	OTHER SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	· x	\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	X	43=		OR	X86=		
	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						45=	<u> </u>	1	+290=		
								TOTAL		OR	TOTAL		
		(Column 3)	ADDI	T. FEE		OR,	ADDIT. FEE						
DMENT B	(Column 1) CLAIMS			HIGHEST		(Column 3)			ADDI-) r		ADDI-	
		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	R/	ATE	TIONAL		RATE	TIONAL FEE	
NON NON	Total	*	Minus	**		=	X	9=	·	OR	X\$18=		
AMEN	Independent	*	Minus	***		= .	X4	43=		OR	X86=		
Ų	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	ENDENT	CLAIM		.1	45=			+290=		
								45= TOTAL		OR	+290= TOTAL		
								T. FEE	· · · · · · · · ·	OR ,	DDIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
ENTC		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	RA	TE.	ADDI- TIONAL FEE		RATE	ADDI- TIONÀL FEE	
AMENDMEN	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
ME	Independent		Minus	***		=	X4	3=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR	700-		
* If the entry in column 1 is less than the entry in column 2 write "0" in column 2											+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT. FEE		
Ť	he *Highest Num	ber Previously Paid	For" (Total or	Independen	t) is the l	highest number for	und in 1	the app	ropriate box				